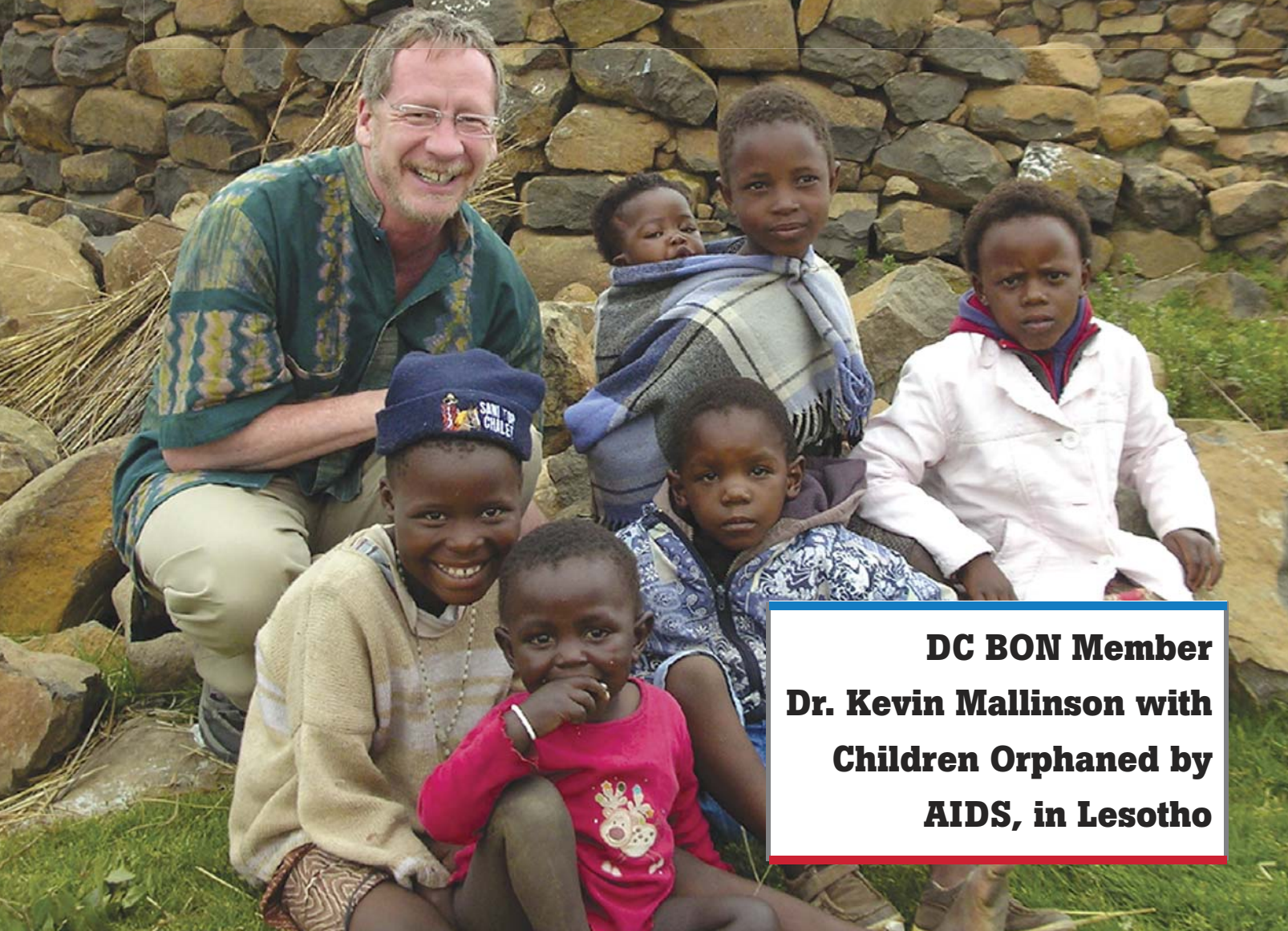


# NURSE

**R**EGULATION **E**DUICATION **P**RACTICE



**DC BON Member  
Dr. Kevin Mallinson with  
Children Orphaned by  
AIDS, in Lesotho**

**DC Department of Health**

★ ★ ★ **Government of the  
District of Columbia  
Adrian M. Fenty, Mayor**

**Licensure Fees Increase**

**Trained Medication Employee Recertification Begins**

**LPN Continuing Education Audit Begins**

# DISTRICT<sup>of</sup> COLUMBIA NURSE

Edition 16

## BOARD MEMBERS

JoAnne Joyner, PhD, APRN, BC  
*Chairperson*  
Deborah Thomas, CDE, RN  
*Vice-Chairperson*  
Bonnie Benetato, MSN, FNP, MBA  
Margaret Green, LPN  
Kevin Mallinson, PhD, RN, AACRN  
Vera Mayer, JD  
Ottamissiah Moore, LPN  
Yvonne Moody, RN, MSN  
Amy Nassar, MSN, FNP, CDE

## OFFICE LOCATION

### TELEPHONE NUMBERS

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Website: [www.hpla.doh.dc.gov](http://www.hpla.doh.dc.gov)

## OFFICE HOURS

Monday thru Friday:  
8:15 am-4:45 pm

## BOARD STAFF

Karen Scipio-Skinner, MSN, RN  
*Executive Director*  
Concheeta Wright, BSN, RN  
*Nurse Consultant*  
Toylanda Brown  
*Senior Licensing Specialist*  
Donna Harris  
*Licensing Specialist*  
Alma White  
*Verification Specialist*  
Melondy Franklin  
*Licensing Specialist*

Cover: Dr. Kevin Mallinson with children in rural Lesotho.

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Feel free to email your "Letters to the Editor" for our quarterly column: *IN THE KNOW: Your opinion on the issues, and our answers to your questions.* Email your letters to [hpla.doh@dc.gov](mailto:hpla.doh@dc.gov) (Lengthy letters may be excerpted.)



# Message from the Chairperson

**This has been a remarkable month for the DC Board of Nursing (DC BON)—unfortunately, it has been one that is marked by goodbyes. We have said “goodbye” to two DC BON members; we have said goodbye to the Chairperson of the Board’s Committee On Impaired Nurses (COIN); and we have also bid farewell to the Maryland Board of Nursing’s Executive Director.**

## Dedicated Board Members

Bonnie Benetato and Yvonne Moody—our outgoing DC BON members—have been committed and passionate advocates for public protection related to health care and nursing.

Bonnie, a Nurse Practitioner with a MBA, brought to the Board her clinical expertise, as well as her sharp eye for detail and willingness to ask difficult questions. In addition to fulfilling her duties as a member of the DC BON, Bonnie was selected to serve on the finance committee of the National Council of State Boards of Nursing. No doubt, the NCSBN finance committee work required Bonnie to put her MBA to use.

Yvonne Moody brought to the Board her expertise as a former nurse administrator (Chief of Nursing Programs, Services, and Legislative Affairs, Veterans Administration), and her past experience as a nurse investigator for the Maryland Board of Nursing. Yvonne truly cared for the residents of the District of Columbia and continuously shared her keen intellect, sound judgment and vast experience to so many of the intricate decisions that faced the Board.

## Committed Leader of COIN

We have also conveyed our best wishes and deepest gratitude to Dr. Gaurdia Banister, who has served as the Committee Chairperson of our COIN program for just over five years.

Gaurdia played a significant role in the establishment of COIN. She identified the need to rehabilitate—not discipline—nurses who are impaired due to substance abuse and/or mental illness. Gaurdia worked to have legislation passed and regulations approved establishing a rehabilitation program for nurses in the District (see page 20). Due to her efforts,

COIN was established in May 2002, and she has served as its Chairperson since its inception. Her energy and compassion will be missed.

## 26 Years of Dedication

Our Board is not the only nursing regulatory body losing highly valued leadership. This year Donna Dorsey, a Fellow of the American Academy of Nursing, is retiring after 26 years of service as Executive Director of the Maryland Board of Nursing, and two terms as President of the National Council of State Boards of Nursing. On a more local note, Donna provided support and collaboration to the Washington DC BON in its efforts to build a more effective and responsive organization. The BON wishes to acknowledge and thank Donna for this support and collegiality over the years. Donna is truly a role model for nursing’s future leaders.

## A New Beginning

While we say farewell to these nurse colleagues who have served us so well, we welcome Kate Malliarakis, who will serve as the new Chairperson for COIN at the DC BON, and Patricia Noble, who has been selected the new Executive Director of the Maryland Board of Nursing. They both have big shoes to fill but we have every confidence in their ability to do so.

## A Call for New Leaders

Every ending is a new beginning. As these terms of service expire, we must seek new leaders to fill vacated positions. Have you tapped your leadership potential? The DC Board of Nursing is looking for the leaders who can make a difference in the years to come. If you are dedicated to protecting nursing practice and the public good, please apply to serve:



**Pictured: Dr. JoAnne Joyner, Bonnie Benetato, Yvonne Moody**

## DC BON

For information and an application to serve as a member of the DC Board of Nursing, please visit the website of the office of DC Boards and Commissions: [www.obc.dc.gov](http://www.obc.dc.gov).

## COIN program

Interested in serving as a member of the COIN committee? Email your resume to: [hpla.doh@dc.gov](mailto:hpla.doh@dc.gov).

Just as this has been a remarkable month, I hope there are remarkable months ahead—months in which we will identify Nurses who are as remarkably as dedicated, knowledgeable and insightful as those who are moving on to other endeavors.

## JoAnne Joyner, PhD, APRN, BC

Chairperson  
DC Board of Nursing

“My term on the DC Board of Nursing ends July 2007. I am proud to have served on this important Board, and it has been a pleasure to work with Dr. Woldu, Ms. Karen Skinner, Dr. Joyner, and the entire Board. I have many competing demands both at work and through my nursing PhD program; thus, I am unable to extend my term. I am hoping this notice will allow ample time to confirm a replacement for me. Please accept my resignation from the DC Board of Nursing at the completion of my term.”

**Bonnie Benetato**

“My more than two and one-half years on the DC Board of Nursing has been a most rewarding experience. It is an experience that other nurses should consider. Yes, it does require a time commitment, however, is well worth the involvement. The phenomenal accomplishments of the Board in recent years is commendable and I am proud to have been a part of such a group.”

**Yvonne Moody**

## TRAINED MEDICATION EMPLOYEE RECERTIFICATION

**Trained Medication Employees** are individuals employed to work in one of the following: Agencies licensed, certified, or approved by the District government as a child care facility, private school, day program, community based residence, or other agency providing residential services, education, habilitation, vocational, or employment training services to individuals with mental retardation or other developmental disability. To become certified as a TME, individuals must successfully complete a training program approved by the Board.

**By October 31, 2007**, all TMEs must apply for recertification. In order to be able to complete the process and renew your certificate, you must provide us with the following information as indicated below:

The renewal period for TMEs began August 1, 2007, and will end October 31. **Any TME who has not received their recertification** application by August 15, 2007, please contact Donna Harris at 202.724.2432 and request an application. Recertification applications were sent by **First Class Mail** to the last known address on record, however, the Board cannot guarantee delivery. Each TME must assume responsibility for recertification of his or her license by October 31, 2007. **District law requires licensees to keep the Board informed of all name and address changes.** If you apply for recertification after October 31, 2007, a late fee of \$20.00 will be assessed.

### Requirements for Recertification

#### Submit the following:

- Completed application signed by the Trained Medication Employee
- Application fee of \$45.00\*
- Documentation verifying successful completion of twelve (12) hours of board-approved in-service training (classes may include: documentation, hand-washing, administering medication to difficult patients, a review of the frequently administered classifications of medication); and
- Supervisory Registered Nurse's

verification of the Trained Medication Employee's continued adequacy of performance. [Skills verification form will be attached to your recertification application.]

The Board will recertify an applicant upon receiving a complete recertification application, proof of the applicant's continued competence, and the appropriate registration fee.

*\*Applications submitted after October 31, 2007, will be assessed a \$20.00 late fee.*

# LPN RENEWAL PERIOD ENDS CONTINUING EDUCATION AUDIT BEGINS

## AUDITED CONTINUING EDUCATION APPLICATION

**The 2007 LPN Renewal period ended August 30, 2007.** Beginning this renewal period, LPNs licensed in the District must comply with the Board's Continuing

Education requirement. This requirement can be met by completing 18 hours of **one** of the following options:

- Obtain contact hours by attending a continuing education offering
- Complete an academic course in a program leading towards a degree in nursing
- Develop and teach an educational offering
- Author a book/chapter, or peer-reviewed article, or edit a book

The Board will begin compliance audits within the next 60 days. If you are selected for audit of your compliance with the Board's continuing education requirements, you will be requested to mail one of the following documents to Board of Nursing CE Compliance.

## CONTACT HOUR OPTION

This option may be used for persons who have attended a continuing education program. The following continuing education programs will be accepted:

1. An undergraduate course or graduate course given at an accredited college or university;
2. A conference, course, seminar, or workshop;
3. An educational course offered through the internet;
4. Other continuing education programs approved by the Board.

## Supporting Documentation Needed:

- Original verification or certificate of attendance

## ACADEMIC OPTION

This option can be used when you have completed any course leading towards a degree in nursing or any college course relevant to your practice. One college credit is equal to 15 contact hours. Most nursing courses

are two or more credit hours; therefore, one course will meet your continuing education requirement.

#### **Documentation needed:**

1. Transcript, OR
2. End of the semester grade report

### **TEACHING OPTION**

This option may be used if you have developed and taught a course or educational offering approved by a Board approved accrediting body. Four (4) Contact Hours will be awarded each approved contact hour of the course you teach. Please note: This is not an option for nurses required to develop and teach continuing education courses or educational offerings as a condition of employment.

#### **Supporting documentation needed:**

1. Verification form that includes your name, the name of the accrediting body, and the number of contact hours awarded, OR
2. Letter from an accrediting body acknowledging their approval of your course and the number of hours awarded.

### **AUTHOR OR EDITOR OPTION**

This option may be used if you are the author of a book/chapter or peer-reviewed article, or if you are the editor of a book. The book, manuscript, or article must have been published or accepted for publication during the 2004–2006 licensure period. Twenty-four (24) Contact Hours Awarded.

#### **Documentation needed:**

1. Letter of acceptance OR
2. Copy of page listing you as editor. For articles, also include name of journal if not indicated on title page or copy of title page of book or article.

**1 CEU = 10 contact hours**

**1 contact hour = 0.1 CEU**

**1 contact hour = 60 minutes**

**1 academic quarter hour = 12.5 contact hours**

**1 academic semester hour = 15 contact hours**

**1 CME = 60 minutes or 1 contact hours**

# Board of Nursing Update

## Board Actions: May, June, July

### 2007 Nursing Program Annual Report:

Annual Report Format reviewed by Board. Nursing Programs will now be asked to submit their accreditation status or progress towards achieving the regulatory requirement of accreditation by a National Accreditation body approved by the Board.

### Continuing Education Non-compliance

**ISSUE:** Since this was the District's first time requiring nurses to comply with continuing education requirements, the Board allowed additional time for applicants to come into compliance. Ninety-eight percent of the nurses audited either submitted documentation indicating that they met the CE requirements, or requested a waiver, generally due to illness, (evidence supporting this claim was provided). Some of the nurses not currently practicing in the District asked to have their license placed on Paid Inactive status. (If you are Paid Inactive, you can continue to use your RN title, but you cannot practice as an RN or LPN unless you reactivate your license and comply with CE requirements.) Nurses not in compliance were referred to the Board for discipline.

**DECISION:** For those who are not in compliance, the following actions were taken:

Persons indicating "Yes" they have met the CE Requirements on their renewal forms, but have not submitted documentation verifying compliance will be required to sign a consent order agreeing to pay a \$500.00 fine.

Persons indicating "No" they had not met the CE Requirements at the time of renewal and had not:

- Submitted documentation verifying compliance, OR
- Returned their license requesting to be placed on Paid Inactive status, OR
- Returned their license, and asked for cancellation of their license.

Will be required to sign a consent order agreeing to pay a \$250.00 fine.

**ISSUE:** Board asked to convene a Nursing Summit to discuss issues impacting both nursing programs and health care facilities.

**DECISION:** Board agreed to convene the Nursing Summit, tentatively scheduled for the fall of 2007.

### Request for Research Topics

National Council of State Boards of Nursing's (NCSBN) Department of Research requested the submission of possible topic areas or specific projects to undertake. The following research topics were forwarded to NCSBN for consideration:

### Suggested Topics:

- \* Disproportionate percentage of males who are disciplined. Are they atypical due to level of educational preparation?
- \* Are CRNA [Certified Registered Nurse Anesthetist] males more likely to have addiction-related issues?
- \* Are nurses from other countries more likely than US-born nurses to have received discipline? Does NCSBN know what the category of discipline was (e.g. loss of license)? Does it differ by educational level, country of origin, or other criteria by which we might develop an intervention?

Ethics and accountability of professional nurses of today as compared to the nurses of the past. What can we learn and how can we adjust teaching modalities or subject matters to reverse the current trend? [Submitted by Dr. Solanges Vivens]

**ISSUE:** Consideration of a "Retired Nurse" licensure status:

**DECISION:** After reviewing feedback obtained from polling other Boards of Nursing, the Board has asked staff to submit language amending the Health Occupations Revision Act establishing a Volunteer Licensure Status. The following language will be included in the proposed HORA amendment.

- Volunteer vs. Retired Nurse licensure status
- The Board recommends that the licensure status be "volunteer" rather than "retired." This would allow health professionals who want to work at a school, at their church, or any such organization, to work there on a voluntary basis.
- There will not be an age requirement.
- The licensee will be allowed to use their title and practice on a voluntary basis.
- CE will only be required if the individual decides to reactivate their licensure status from volunteer to an active status.
- A reduced licensure fee will be recommended.

### ADVISORY COMMITTEE REPORTS

#### Education Advisory Committee

- Revising Education Program regulations

#### APRN Advisory Committee

#### Advanced Practice Registered Nurse Advisory Committee

- Submitted draft "Considerations for Policy Guidelines for Registered Nurses with Regard to the Practice of Suturing as a Method of Wound Closure"
- Revising APRN regulations



## Other Board Activities

### NCLEX Testing Site – Site Visit and Examination item review:

Board members Dr. JoAnne Joyner and Dr. Kevin Mallinson, along with Practice Consultant Concheeta Wright, visited the District's NCLEX testing center and reviewed examination item review.

### NCSBN's Annual Meeting "Navigating the Evolution of Nursing Regulation," will be held August 7 – 10, 2007, in Chicago, IL:

Board of Nursing Delegates will be Dr. JoAnne Joyner and Dr. Kevin Mallinson; Ms. Ottamissiah Moore will serve as an alternate delegate. Some of the issues the nursing regulators in attendance will address include:

- Evaluating proposed guiding principles for nursing regulation
- Assessing renewal of the NCLEX® Examination contract with Pearson VUE
- Adoption of the 2008 NCLEX-PN® Test Plan

## The Board Reviewed the following NCSBN CORE Report

NCSBN's Commitment to Ongoing Regulatory Excellence (CORE) project is the establishment of a performance measurement system that incorporates data collection from internal and external sources,

identification of best practices, and the use of benchmarking strategies. The following CORE Report is based upon the feedback obtained from interviewing nurses licensed in the District of Columbia.

**Thanks to those who participated in this survey. Your honest feedback is welcomed by the Board and its staff. The following is an excerpt of the CORE report.**

### Nurses DC Nurses Demographic Data

Of the nearly twenty-eight thousand nurses surveyed, 5,061 nurses (18 percent) responded. Of those, 1,383 (28 percent) were LPN/VNs; 3,567 (73 percent) were RNs; 58 (one percent) were APRNs with prescriptive privileges; 32 (one percent) were APRNs without prescriptive privileges, and 77 (two percent) were categorized in additional ways.

Table N1

#### Types of Licenses Held

	2002	2005	2005
	Aggregate (n=2,681)	Aggregate (n=4,912)	DC (n=97)
<b>LPN/VN</b>	24.0%	28.2%	1.0%
<b>RN</b>	72.8%	72.6%	100.0%
<b>APRN with prescriptive privileges</b>	4.8%	1.2%	6.2%
<b>APRN without prescriptive privileges</b>	2.4%	0.7%	1.0%
<b>Other</b>	2.1%	1.6%	1.0%

Most nurses, 3,319 (62 percent), received their basic nursing education in their current state of residence; 1,434 (36 percent) received their basic preparation in another state; and 175 (two percent) were educated outside of the US.

Table N2

#### Where Basic Nursing Education Received

	2002	2005	2005
	Aggregate (n=2,622)	Aggregate (n=4,928)	DC (n=111)
<b>Current state of residence</b>	61.6%	67.4%	25.2%
<b>Another state</b>	36.3%	29.1%	64.0%
<b>Outside of the United States</b>	2.1%	3.5%	10.8%

One thousand eighteen nurses (21 percent) attended certificate or diploma LPN/VN programs; 204 (four percent) attended associate degree LPN/VN programs; 545 (11 percent) had RN diplomas; 1,524 (31 percent) had RN associate degrees, and 1,422 (29 percent) had RN baccalaureates. One hundred and twelve nurses (two percent) attended nursing programs outside the US.



# NCSBN CORE REPORT

## District of Columbia Stakeholders Comments

### Survey of Employers/Supervisors of Nurses

#### General Comments

- I filed eight complaints to board in last 12 months. Employee misconduct causing harm to residents. I did not receive information about disposition or any feedback. Communication to body making complaint is very poor.

### Nurses

#### General Comments

- DC needs to join the Compact Agreement. In an area where the majority of nurses either live or have to practice across DC lines, it is absurd for nurses to have to go through the process of obtaining multiple licenses and incur the added costs. Both MD and VA have become compact states and DC is only holding out to continue to get the revenues from licensure. The lax regulation by the DC government in total shows that this has

nothing to do with regulating personnel, it is only to continue to get fees.

- The online nursing renewal process has greatly improved the process. Perhaps you should think about e-mail as a means to communicate – this really is the easiest way to get information to people.
- Very few people know that DC has a newsletter. It looks like a “throw away” magazine.
- What is the BON contribution towards making organization and the nurses’ effort to ensure safe practice easier?
- There need to be a way to evaluate foreign nurses’ skill performance. Their skills often leave a lot to be desired.
- I think the website could be a little more user friendly, i.e., make it easier to look up laws & regulations.
- No one I have spoken to at the BON can explain the educational requirements for license renewal. The table in the newsletter is confusing and as I recall, contradictory. Can someone please clearly explain exactly what is needed?
  - The telephone system leaves a lot to be desired, e.g., long waits to speak with a person. I would like to be a part of the development for the requirements and legal practices of nurses.
  - I am licensed in DC and Maryland. The services I receive from MD are far superior to DC.
  - Please provide customer service training to the BON staff. They are rude. DC should join the compact license states.
  - Will DC consider Compact State Licensure or is this because DC is not considered a state?
  - Too many times I have called the Board, I have been unable to reach a person or have left a message which was never returned!!!
  - There should be a state mandated nurse-patient ratio, like in California. Nurse/patient ratios and breaks should be monitored & regulated.
  - The online services have certainly improved the renewal process, and I

have been able to find answers to questions via the website.

- We need more CEUs per specialty area as mandatory education. It's scary what I see in DC hospitals. I am an ICU travel nurse.
- Every state should legislate to have the same scope of practice for Advanced Practice NPs.
- DC has significantly improved the renewal process by putting it online.
- License renewal process excellent via internet — simple and fast.
- All the nurses I work with were very, very pleased with the online re-licensing procedure.
- DC should become a compact state since VA and MD are adjacent in this tri-state area.
- I will make it a point to know a little more about the Board's responsibilities and purposes.
- I wrote a letter to the BON commenting about the new requirements for pharmacology hours for Advanced Practice Nurses. I never got a response. Very poor performance!

***In what way is content of the Nurse Practice Act included in your nursing program curricula?***

- In the Seminar Course for Generic students – the entire NPA is reviewed. Leadership and delegation is integrated.
- Orientation course, Fundamental course, Professional socialization course.

## **Nursing Education Programs**

***Please identify significant issues your program is facing with respect to the Board of Nursing.***

- Inflexibility regarding MSN requirement of faculty during this time of faculty shortage.

***Have increased program enrollments affected your available resources?***

- Administration and city government has increased funding.
- Not enough classrooms large enough to accommodate class size.

***Have increased program enrollments affected your faculty resources?***

- Increased work loads and advisement.
- Faculty stressed to accommodate students.

# IN THE KNOW

## Your Questions, Your Opinions

The Board of Nursing has established this IN THE KNOW column in response to the many phone calls and emails we receive. The Board often receives multiple inquiries regarding the same issue. Please share this column with your colleagues or urge them to read this column. The more nurses are aware of the answers to these frequently asked questions, the less our resources will have to be used to address duplicate questions.

### CONTINUING EDUCATION

**Q** In regard to an explanation for my not having continuing education: Please be advised that currently I do not have access to a computer and, as a result, do not have knowledge of where I can go to obtain continuing education requirements. Could you please advise me on places that I can go to obtain the continuing education credits?

**A** Since you don't have a computer, I would suggest asking a nurse

colleague, or if you are working in a facility with a Human Resources or Education Department, you can check with the staff regarding available courses. Another option would be to refer to nursing journals. Nursing journals, as well as computers with internet access are available at your local library.

**Q** I am planning to attend a CE course that has been approved for Social Workers but not for Nurses. Can I attend?

**A** Yes, as long as it is relevant to your job and is approved by an accrediting body, we will accept it.

**Q** I attended a class at work. Can I use it to meet my CE requirements?

**A** If you received a certificate indicating that the class you took was approved by a continuing education provider, you can use it. If the course was provided by your employer, you may need to check with the person offering the course to determine whether or not it was in-service education or continuing education. The American Nurses Credentialing Center defines in-service education and continuing education as follows:

**Continuing Education:** Systematic professional learning experiences designed to augment the knowledge, skills, and attitudes of nurses and therefore enrich the nurses' contributions to quality health care and their pursuit of professional career goals.

**In-service Education:** Activities intended to assist the professional nurse to acquire, maintain, and/or increase competence in fulfilling the assigned responsibilities specific to the expectations of the employer.

**Q** I am currently practicing as a nurse. Why do I have to meet the CE requirement?



**A** We get this question a lot. The confusion for some licensees is that, for some Boards in other states, the requirement for renewal of licensure is that you are currently working and that you can verify that you have worked a specified number of hours. This is not the requirement for renewal of your license in the District; CE is required for renewal of your license.

**Q** I don't currently work in DC. Why am I being asked to do CE?

**A** Your applying for renewal of your license is an indication to us that you wish to maintain your active licensure status in the District. Having an active license does not necessarily mean that you are currently working in the District, but indicates to us that you want to keep your licensure status current so that you can work in the District – now or in the future – without having to reapply for licensure.

CE is a requirement for renewing your active licensure status in the District. If you are not currently working in the District, you have the option of applying for Paid Inactive status.

### Renewal fee

**Q** Why is there a \$111.00 renewal fee for my license when I just received my licence on January 8, 2007? It hasn't even been six months yet.

**A** If you are newly licensed within 120 days of the expiration date (after February 15, 2007) your license will carry over to the next expiration period. Any time prior to that date, you are required to pay the entire licensure fee. This District law is applicable to all licenses and registrations.

**Members of the public are invited to attend...**

## BOARD OF NURSING MEETING SCHEDULE

**Time:** 1:00 PM

**Location:** 717-14th Street, NW; 10th Floor Board Room

Washington, DC 20005

**Transportation:** Closest Metro stations are Metro Center (take 13th Street Exit); McPherson Square (take 14th Street Exit)

- During each Board of Nursing meeting the Board sets aside time for "Comments from the Public."
- Nurses, nursing students and members of the public are encouraged to attend to express any concerns they may have or make inquiries of the Board during this period of time.
- You are welcome to attend the Board meetings whether or not you have issues to discuss.
- You may either contact us ahead of time to let us know that you are attending and the issue that you would like to discuss, or you can speak at the meeting without prior notification.
- Decisions will not be made the day of the meeting but you will be informed of any Board decisions or actions.
- If you would like to receive the Board's "Open Session Agenda" prior to the meeting, or if you would like to be placed on the agenda, please send your email to [hpla.doh@dc.gov](mailto:hpla.doh@dc.gov).

**If you plan to attend please call 202.724.8800 to confirm meeting date and time.**

September 5, 2007	January 2, 2008	May 7, 2008
October 3, 2007	February 6, 2008	June 4, 2008
November 7, 2007	March 5, 2008	July 2, 2008
December 5, 2007	April 2, 2008	

# Regulation

## Temporary Licensure/ Supervised Practice Letter

**Q** Can temporary nursing licenses be renewed?

**A** The District does not issue temporary licenses. The District issues supervised practice letters (SPL). An applicant can practice up to 90 days with a SPL. This letter must be signed by the nurse supervising the applicant's practice and is not renewable. If a nurse is not licensed within 90 days after receiving the SPL, they must cease practice until they are issued a license.



**Q** When a nurse converts from a temporary license number to a regular license, do they keep the same license number?

**A** The applicant is not issued a license number until they are licensed.

**Q** When a nurse completes continuing education with a temporary license, can this continuing education count toward the renewal for their regular license?

**A** Continuing education completed two years prior to end of a renewal period is accepted, even if the nurse is not licensed in DC at that time.

**Q** Do nurses with temporary licenses (supervised practice letters) have a Continuing Education requirement?

**A** No. Nurses do not have to meet CE requirements in order to be licensed, and CE is not required for Nurses working under the authority of an SPL. CE is only required when you *renew* a license. And an SPL cannot be renewed.

## APRNs dispensing medication

**Q** I have been looking into several states as a possible location for my practice. While studying Municipal Regulations for Nurse Practitioners in DC, I was unable to find any reference to drug dispensing. Are NPs in DC authorized to dispense (as they do in CA, AZ, and many other states)? Please clarify.

**A** Yes, APRNs (Advanced Practice Registered Nurses) in the District can dispense medications. Any licensed health professional with prescriptive authority can dispense medication.



**Do you have a question you would like answered or an opinion you would like to share? Send your questions or comments to:**

**IN THE KNOW**  
District of Columbia Board of Nursing  
717-14th Street, NW, Suite 600  
Washington, DC 20005  
Fax: 202.727.8471  
email: [hpla.doh@dc.gov](mailto:hpla.doh@dc.gov)

## Licensure by exam or endorsement

**Q** What does “application by exam” mean? I currently have a Maryland RN license. I am applying to Georgetown graduate school and I need to obtain a DC RN license. Do I need to take the nursing boards again to obtain a DC license? Thanks for your help.

**A** No, you do not need to take the NCLEX exam. Application by examination is for those who have not passed the NCLEX exam and are not licensed. It is for candidates who have graduated from school and applying for licensure by examination. If you are interested in becoming licensed in the District of Columbia, you should apply for licensure by endorsement. Endorsement is for those who currently hold an active license in another state/jurisdiction outside of the District of Columbia.

*Please visit our website at [www.hpla.doh.dc.gov](http://www.hpla.doh.dc.gov) for more information on how to apply for licensure, and to print a licensure application.*

## Feedback from Radians College:

**I**t was great to have Concheeta here! We’d like to have her come for every “Career/Professional Day” that we have! We’ll work to try to make that happen.

**A**lso I want to thank you and the BON for your recommendation of me to participate on the NCSBN’s NCLEX-PN Item-Writing panel. I was in Chicago at the NCSBN recently, and it was a truly awesome experience!!

*India Medley, MSN, RN, CPNP  
Dean, School of Nursing*



# LICENSEES PLACED ON INACTIVE STATUS

## RNs WHO HAVE NOT RESPONDED TO MAILED CE AUDIT REQUEST.

At the time this issue of DC NURSE:REP was printed, the following Nurses had not submitted evidence of having completed the 24 hours of Continuing Education as required by 17 DCMR § 5409.5. The notices requesting submission of the hours were sent to each licensee's last known address of record. **The "Orders" were returned to us either unclaimed or refused.** Under D.C. Official Code § 3-1205.13, if a nurse relocates, it is his or her responsibility to notify the Board of the change of address within 30 days after the change.

Therefore, the licensure status of the persons listed below has been changed to Inactive. As such, they **may not practice in the District of Columbia** until they have contacted the Board regarding their non-compliance with continuing education requirements.

**Kuumba-Nia Abdul-Majid**  
Washington, DC 20019

**Gebrela F. Mengesha**  
Seattle, WA 98104

**Guy Dilley**  
Oxon Hill, MD 20745

**Nathalie C. Felix-Charleston**  
Olney, MD 20832

**Martha K. Belleh**  
Fairfax, VA 22033

**Sharon A. Weeks**  
South Riding, VA 20152

**Teresa Brewer**  
Baltimore, MD 21229

**Jerod C. Noe**  
Laurel, MD 20723

**Karla Tozour-Toesing**  
Charlotte, VT 05445

**Phyllis E. Williams**  
Landover, MD 20785-4603

**Regina I. Ifeanyi**  
Lanham, MD 20706

**Terri A. Greene**  
Washington, DC 20009

**Lee A. Watson**  
Forestville, MD 20747

**Godwin O. Ibeh**  
Washington, DC 20010

**Linda Alouidor**  
Miami, FL 33169-6022

**Irene O. Offor**  
Lanham, MD 20706-2847

**Jaqueline M. Maloney**  
Bethesda, MD 20817

**Jaqueline M. Allen**  
Mitchellville, MD 20721

**Nafie Jawara**  
Riverdale, MD 20737

**Melvina D. Burley**  
Upper Marlboro, MD 20774

**Frank Jesuorobo**  
Riverdale, MD 20737

**Mary M. Morris**  
Washington, DC 20011

**Carrie A. Krauss**  
Wye Mills, MD 21679

**Laura Lane Corsi**  
Fairfield, CT 06824

**Michelle Y. Washington**  
Upper Marlboro, MD 20772

**Jennifer Ann Ward**  
Seven Valleys, PA 17360

**Janice M. Frederick**  
Louisa, VA 23093

**Lystra N. Devignes-Caruth**  
New Carrollton, MD 20784

**Marcia L. Knights**  
Lanham, MD 20706

**Evelyn L. Brennan**  
Fort Washington, MD 20744

**Malvonica A. Fountain**  
Bowie, MD 20716

**Elizabeth M. Varfee**  
Fredericksburg, VA 22405

**Betty Barksdale-Rainsford**  
Washington, DC 20024

**Ekwy J. Onwudiegwu**  
Cheverly, MD 20785

**Elizabeth A. Iweala**  
Bowie, MD 20720

**Joyce A. Bolden**  
Fort Washington, MD

## ATTENTION APRNs: Nurse Practitioners National Salary Survey

Have you ever been curious about how your salary compares with others in the same position, in the same state, with the same degree? ADVANCE for Nurse Practitioners is currently conducting its biennial salary and workplace survey of Nurse Practitioners. Take the survey online, and get answers to those burning questions! You'll also be entered in a drawing for \$100.

Take the survey at:

<http://nurse-practitioners.advanceweb.com/Common/survey/surveyform.aspx?sid=2191>

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## Early Report of Serious Eye Infections Associated with Soft Contact Lens Solution

The Centers for Disease Control and Prevention (CDC), collaborating with the Food and Drug Administration, state and other partners, has identified an outbreak of a serious but rare eye infection called *Acanthamoeba keratitis* (AK). This infection is caused by a free-living amoeba, (*Acanthamoeba*) a microscopic organism found everywhere in nature.

Infections can result in permanent visual impairment or blindness. AK primarily affects otherwise healthy people, most of whom wear contact lenses. In the United States, an estimated 85 percent of cases of this infection occur in contact lens users. The incidence of the disease in the U.S. is approximately one to two cases per million contact lens users.

CDC has received reports of 138 cases of culture-confirmed AK in 35 states and Puerto Rico, with complete patient data available for 46 case-patients. Thirty-nine of the 46 case-patients wore soft contact lenses. Preliminary information obtained by CDC from patient interviews indicates that, among soft contact lens users who reported the use of any type of solution, 21 (58 percent) reported having used Advanced Medical Optics (AMO) CompleteR MoisturePlus™ Multi-Purpose Solution in the month prior to symptom onset. Out of the 37 case-patients for whom clinical data was available, nine (24 percent) failed medical therapy and required or are expected to undergo corneal transplantation.

Based on these findings, people who wear soft contact lenses who use Advanced Medical Optics (AMO) CompleteR MoisturePlus™ Multi-Purpose Solution should:

- Stop using the product immediately and discard all remaining solution including partially used or unopened bottles. Choose an alternative contact lens solution.

- Discard current lens storage container.
- Discard current pair of soft lenses.
- See a health care provider if experiencing any signs of eye infection: Eye pain, eye redness, blurred vision, sensitivity to light, sensation of something in the eye, or excessive tearing.

All contact lens users should closely follow prevention measures to help prevent eye infections, which include:

- See an eye care professional for regular eye examinations.
- Wear and replace contact lenses according to the schedule prescribed by an eye care professional.
- Remove contact lenses before any activity involving contact with water, including showering, using a hot tub, or swimming.
- Wash hands with soap and water and dry before handling contact lenses.
- Clean contact lenses according to the manufacturer's guidelines and instructions from an eye care professional.
- Use fresh cleaning or disinfecting solution each time lenses are cleaned and stored. Never reuse or top off old solution.
- Never use saline solution and rewetting drops to disinfect lenses. Neither solution is an effective or approved disinfectant.
- Store reusable lenses in the proper storage case.
- Storage cases should be rinsed with sterile contact lens solution (never use tap water) and left open to dry after each use.

- Replace storage cases at least once every three months

Clinicians evaluating contact lens users with symptoms of eye pain or redness, tearing, decreased visual acuity, discharge, sensitivity to light, or foreign body sensation should consider AK and refer the patient to an ophthalmologist, if appropriate. Diagnosis requires a high degree of suspicion, especially in a contact lens wearer with a recent diagnosis of another form of keratitis, such as herpes simplex virus keratitis, who is not responding to therapy. Diagnosis is made on the basis of clinical picture and isolation of organisms from corneal culture or detection of trophozoites and/or cysts on histopathology.

However, a negative culture does not necessarily rule out *Acanthamoeba* infection. Confocal microscopy and polymerase chain reaction assays to detect *Acanthamoeba* may also assist with diagnosis. Early diagnosis can greatly improve treatment efficacy.

Clinicians should consider obtaining clinical specimens (e.g., corneal scrapings) for culture before initiating treatment. Clinicians or microbiology laboratories should report cases of AK to state and local health departments or directly to CDC at telephone, 770-488-7775.

*Acanthamoeba* isolates should be submitted to state laboratories according to instructions provided by local and state public health laboratories.

For more information, see the CDC website:

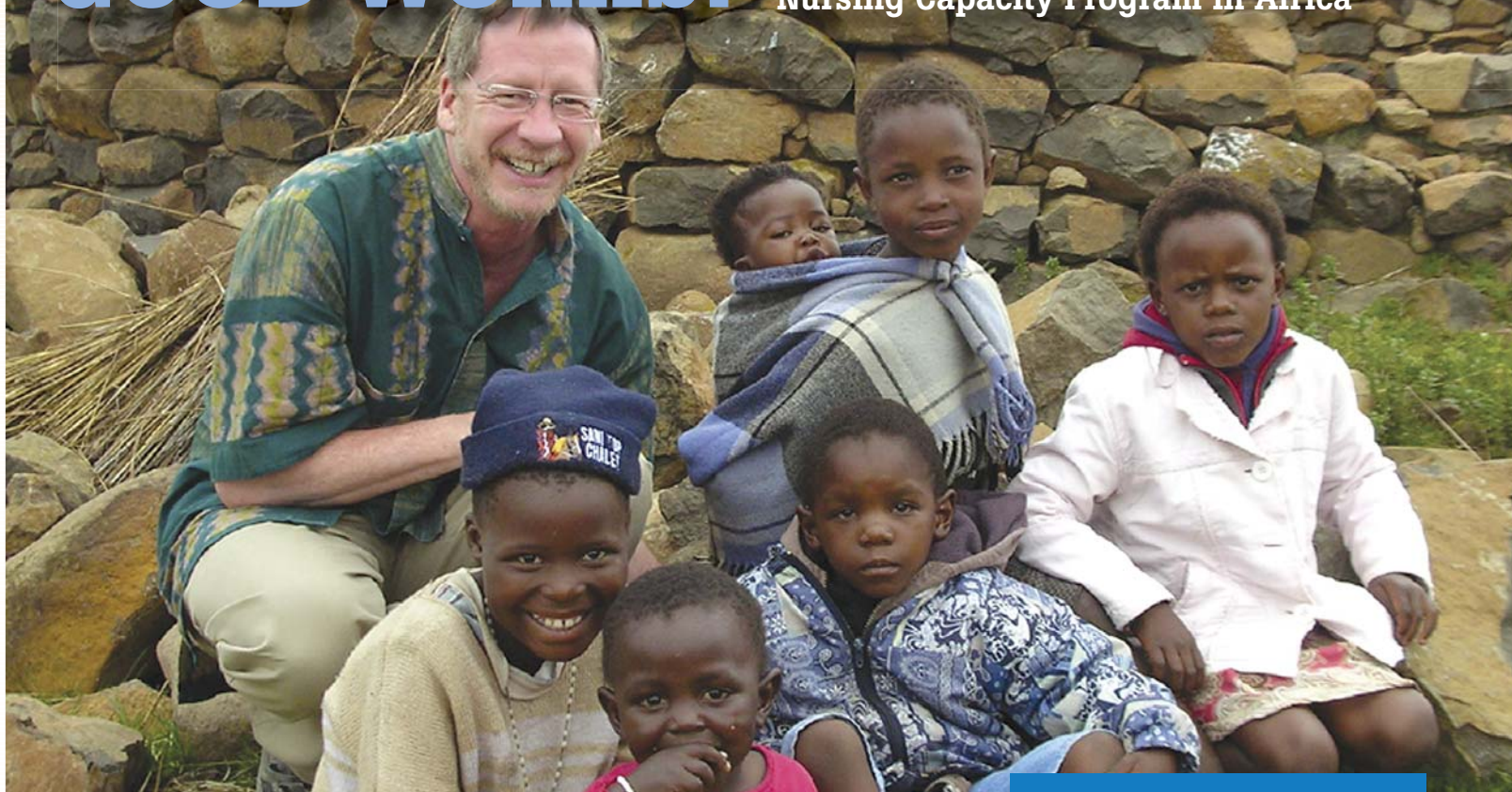
<<http://www.cdc.gov/ncidod/dpd/parasites/acanthamoeba/index.htm>>

<http://www.cdc.gov/ncidod/dpd/parasites/acanthamoeba/index.htm>



# GOOD WORKS:

## Washington, D.C. Board Member Conducts Nursing Capacity Program in Africa



**Mallinson, with children orphaned by AIDS, in rural Lesotho in 2007.**

The nursing faculty of the Georgetown University School of Nursing & Health Studies is being funded by the Health Resources Services Administration (HRSA) and the President's Emergency Plan for AIDS Relief (PEPFAR) to conduct a three-year Capacity Building Program in Sub-Saharan Africa. R. Kevin Mallinson, PhD, RN, AACRN, the principal investigator, is a board member of the District of Columbia Board of Nursing.

Mallinson has 24 years of experience with HIV/AIDS and has served as the president of the HIV/ AIDS Nursing Certification Board. The goals of the three-year program are to enhance leadership skills, clinical expertise, and curricular development to support the nurses in South Africa, Lesotho and Swaziland. Georgetown has partnered with the Association of Nurses in AIDS Care (ANAC) to promote high quality resources and facilitate collegial relationships between nurses in Africa and North America.

The HIV/AIDS prevalence is estimated to be 28–42% among adults in this area; this presents the nursing force with formidable challenges. Mallinson's expertise in grief and loss issues is crucial to assisting nurses with their

professional and personal losses to the epidemic.

Additionally, nurses who have HIV will be receiving targeted supports to maintain their health and quality of life.

The program aims to develop a critical mass of nurse leaders—linked in a regional support network of colleagues—who will receive ongoing mentoring from global expert HIV nursing professionals. To be sustainable, there needs to be a cadre of African nurses who can pass their expertise on to novices coming into the field.

A strong foundation of nursing leaders can bring a voice to the profession and highlight their contributions to the African response to the AIDS pandemic. Nursing leaders provide a vision that is grounded in their cultural values; with the necessary skills, they will be able to gather, manage, analyze and interpret data for the improvement of nursing in the context of their country.

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# COIN: An Alternative To Discipline

***Impairment can cost you your job and your license.***

**Don't wait to be reported. Ask for help.**

If you or someone you know has a problem with drugs, alcohol, or a mental illness that impairs the ability to practice as a nurse, the District of Columbia Board of Nursing can help through its successful Committee on Impaired Nurses (COIN). The goal of the COIN is to protect nurses and the public by identifying impaired individuals, providing early intervention and education, and requiring treatment. COIN helps “heal the healers” by giving them the opportunity to take personal responsibility for their recovery, while being closely monitored through a nonpublic agreement. Participation in COIN is voluntary and can be an alternative to disciplinary action by the Board of Nursing.

### How do nurses enter the program?

#### Step 1

**Self report-** Nurses who are willing to seek treatment and comply with other COIN requirements may enter the program by reporting their problem directly to the Executive Director of District of Columbia Board of Nursing by calling 202.724.8870.

OR

**Referral by the Board of Nursing-**

The Board of Nursing may choose to refer a nurse whose practice is impaired to COIN as an alternative to discipline.

OR

**Referral by an employee or colleague-**

Employees or nurse colleagues may refer a nurse who is suspected of having impaired practice to COIN.

#### Step 2

**Meet with COIN -** All participants are required to meet with the Committee who:

- a) Will assess the nurse's appropriateness for the program
- b) May require the nurse to have further evaluation
- c) Will propose the terms of a nonpublic agreement.

#### Step 3

**Monitoring-** Participants must agree to continued monitoring of their practice while they are in recovery. Nurses may be required to temporarily cease their practice until they have established a stable recovery.

### Note from a former participant

*"I would like to take the opportunity to thank the COIN committee for my participation, since it essentially saved my life and my career and has allowed me to further discover the human being that I was meant to be."*

## SUPPORT GROUP MEETINGS

### Open to all Recovering Nurses

Need to talk? All nurses in recovery are welcome to attend our monthly support group. Meetings are for COIN participants, as well as all other nurses in need of support in the recovery process. We meet on the third Friday of the month, at 1:00 pm, at 717 14th Street, NW, on the 6th Floor.

## Who is eligible?

### Nurses who

- Are licensed in the District of Columbia
- Abuse alcohol, drugs, or whose mental illness has impaired their nursing practice
- Are referred or self-reported to COIN or the Board of Nursing
- Agree to follow all components of the program

### Who is not eligible?

#### Nurses may not participate if they:

- Caused harm or injury to an individual while practicing nursing
- Have malpractice litigation pending that alleges an injury was caused to a patient
- Have been arrested for diversion of controlled substances for sale or distribution

- Encouragement, support, and guidance as an effective alternative to disciplinary action
- Removal from monitoring when the program is successfully completed and expunged records in appropriate cases

### Is the program successful?

Yes! The majority of participants successfully complete the program.

To do so, they must follow all of the stipulations contained in a signed agreement and demonstrate a change in lifestyle that supports continuing recovery. Participants who violate their agreements are subject to disciplinary action by the Board that may include revocation of license.

#### COIN Contact Information:

Call: 202.724.8870

Write: 717 14th Street, NW

Suite 600; Washington, DC 20005

Email: [Concheeta.Wright@dc.gov](mailto:Concheeta.Wright@dc.gov)

## What services does COIN provide?

### For the public:

- Immediate intervention as an alternative to a longer disciplinary process
- Coordination and consultation with employers to assure patient safety

### For the nurse:

- Consultation and evaluation for admittance to the COIN program
- Continued assessment and monitoring of their personal recovery
- Collaboration with their employer
- Referral for random drug and alcohol testing
- Information regarding local professional and support services

# Possible indications of nurse impairment on the job include:

- Absent or late for work, especially following several days off. However, the drug-addicted nurse may never be absent and may “hang around” when not on duty. Because the hospital is the source of supply of controlled substances, the nurse may volunteer to work double shifts, overtime, holidays, days off, etc.
- Odor of alcohol on breath. Any nurse who would report for duty after drinking is assuming a terrible risk and, in doing so, is evidencing his/her loss of control and need for the drug.
- Odor of mouthwash and breath mints. These may be used to mask the odor of alcohol.
- Fine tremors of the hands. This symptom occurs with withdrawal from the drug. The alcoholic nurse will sometimes begin to use tranquilizers to mask signs of withdrawal, and thus may develop cross dependency.
- Emotional instability. The nurse may change from being irritable and tense to being mellow and calm. There may be inappropriate anger or crying.
- Returns late from lunch break.
- May be sleepy or may doze off while on duty.
- Shuns interaction with others and tends to withdraw.
- Makes frequent trips to the bathroom. The female alcoholic/drug addict may carry a purse with her.
- Deterioration in personal appearance.
- Frequent bruises or cigarette burns. Bruises over antecubital fossa and on wrists or hands. These injuries are the result of crashing into furniture, falling while intoxicated, dozing off with a lighted cigarette, or recent injection of a drug.
- Job performance may be affected with sloppy or illegible handwriting, errors in charting, and errors in patient care.
- Lapses in memory or confusion. There may be euphoric recall of events.
- Shunning of job assignment or job shrinkage. The nurse is apt to drop out of professional activities.





# The nurse who is diverting drugs from the unit may:

- Always volunteer to give medications.
- Medicate another nurse's patient.
- Use the maximum PRN dosage when other nurses use less, or the maximum PRN dosage may always be used on one shift, but not on another (the PRN medications afford the greatest opportunity for the nurse to supply his/her habit).
- Have responsibility for patients who complain that medication given on one shift is not as effective as on another, or that they did not receive medication when the record indicates they did.
- Have frequent wastage, such as spillage of drugs or drawing blood in the syringe.
- Work on a unit where drugs are disappearing or seals have been tampered with.
- Always offer to count narcotics to make sure the count is correct.
- Have pinpoint pupils, shaky hands, could be sleepy or hyper while on duty.

**Keep in mind that no indicator, or group of indicators, is unique to chemical dependency.**

However, if there is a drop off in the work performance of a previously good employee, the supervisor should consider the possibility of a problem if several indicators are present.

*Adapted with permission of the Nevada Board of Nursing, Copyright 2007.*



### Dear COIN friends,

After lots of prayer, soul searching, tears, and long hours of discussion with family and friends, I have resigned my position at Providence Hospital and accepted an exciting new position at Massachusetts General Hospital in Boston.

I will become the Executive Director of the Institute for Patient Care. The Institute is comprised of the following: The Knight Nursing Center for Clinical and Professional Development, the Max and Eleanor Blum Patient and Family Learning Center, the Yvonne L. Munn Center for Nursing Research, and the Center for Innovations in Care Delivery. The vision for the new Institute is to advance clinical excellence through innovation, collaboration, education, and research with a commitment to MGH patients and their families.

I will be starting in my new position in mid-August. I will miss working with all of you. I think we have really made a difference in the lives of nurses in our community. Thanks for your support and commitment to the program.

Please keep me in your thoughts and prayers.

*Gaurdia*



*Dr. Gaurdia Banister*

### Letter from COIN Participant

*To: Members of the Board and COIN Program Directors*

*Wow! Three years have passed. I was reminded at the last meeting of the COIN group how angry I was on my initial interview. As I look back now I believe I was mad at everyone. The persecution syndrome.*

*It has taken some time, plenty of AA meetings, and believe it or not, this program. I have had some great conversations with other Nurses and made an exceptionally good friend in [name withheld] who has helped me a lot.*

*Well, in closing I wish to thank you all for helping me learn about me and to be honest with me. Look forward to seeing you in continued sobriety and hopefully helping other Nurses.*

*Thank you,  
[name withheld]*

### Who runs the Committee On Impaired Nurses?

The Board's Nurse Practice Consultant staffs COIN. Committee members include professional substance abuse and mental health nurses.

### Active Members

Kate Driscoll Malliarakis, RN, CNP, MSM, NCADC II  
*Chairperson*

Teresa Richardson, MS, RNCS

Roselle Stark, MN, RN,CS

Marilyn Stevenson, MA, RNC

Concheeta Wright, BSN, RN  
*Nursing Practice Consultant, Board of Nursing*

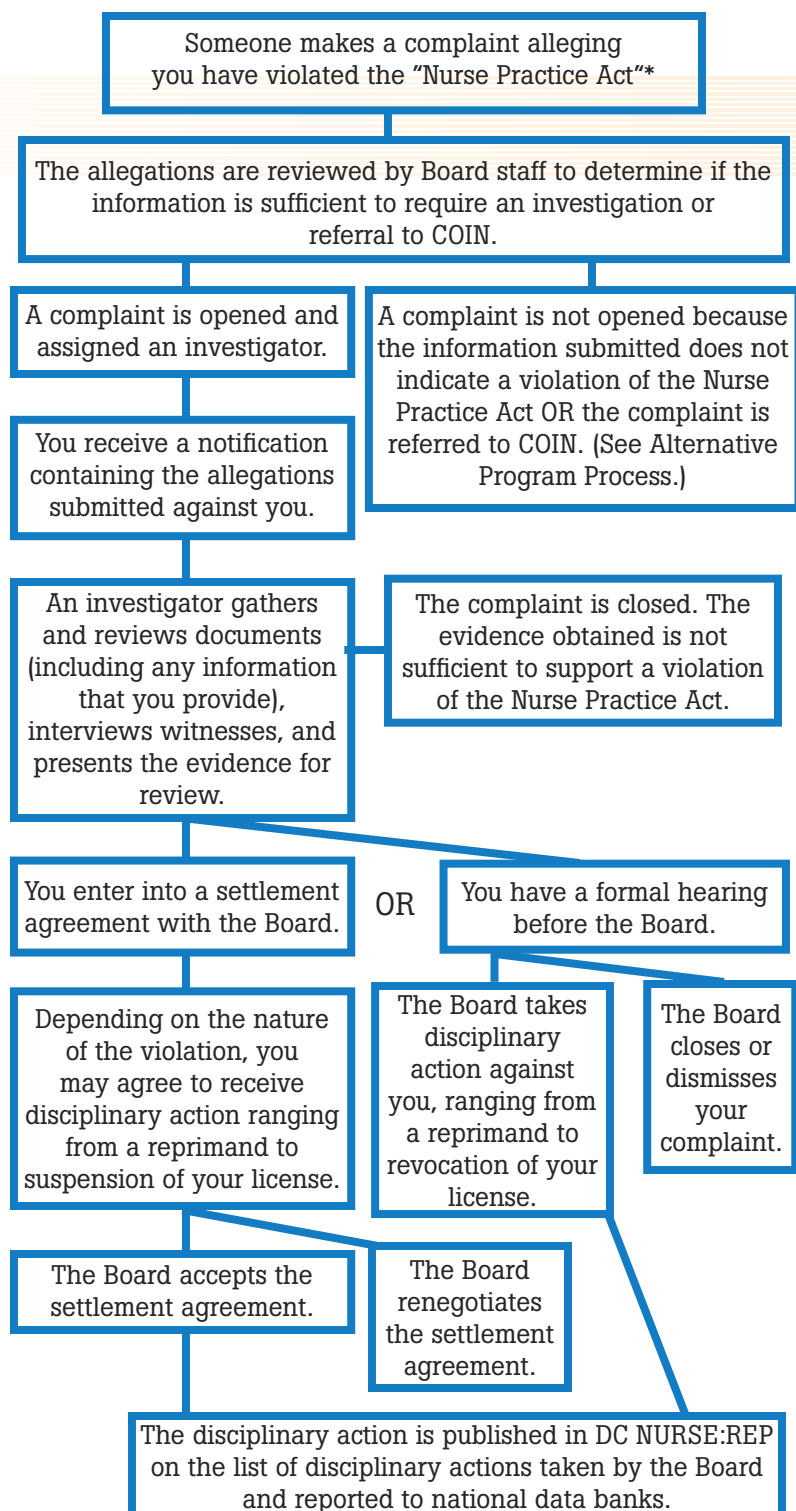
The committee:

- Evaluates whether chemical dependence or mental illness is impairing a person's nursing practice
- Signs contract with nurse program participant
- Submits recommendations to the District Of Columbia Board Of Nursing
- Monitors recovery progress through scheduled meetings with the nurse and regular reports from employers, treatment providers, and nurses themselves.

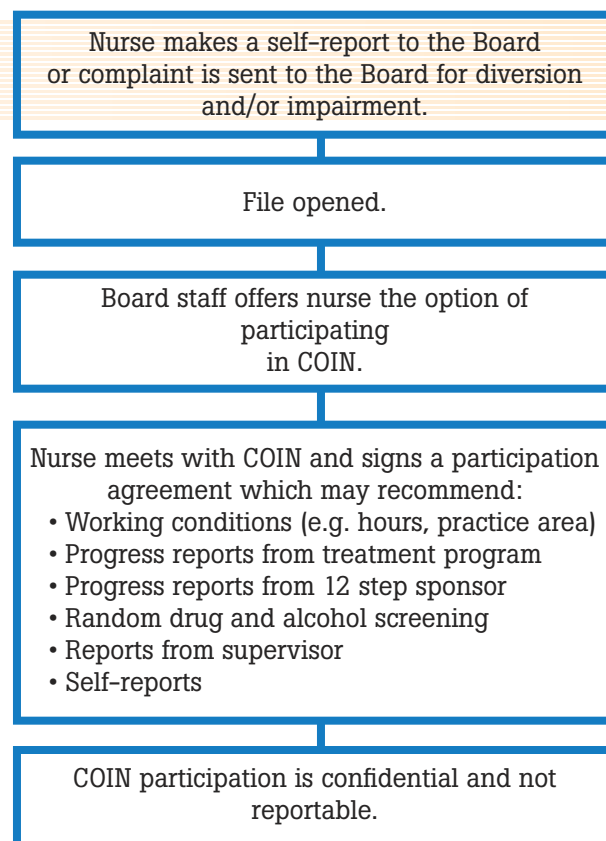
The "Nurses Rehabilitation Program Act of 2000" established the Committee On Impaired Nurses (COIN) to supervise the operation of a rehabilitation program for nurses licensed in the District of Columbia. The purpose of the Committee is to provide an alternative to the Board of Nursing's disciplinary process for nurses who are impaired due to drug or alcohol dependence or mental illness. The Act was signed into law January 2001.

# DISCIPLINE VERSUS ALTERNATIVE PROGRAM PROCESS

## Disciplinary Process



## COIN: Alternative Program Process



\*Please note that in the District of Columbia, the "Nurse Practice Act" is part of the Health Occupations Revision Act (DC Code Title 3, Chapter 12), omnibus legislation that includes all health professionals.

## Fee Increase in the District of Columbia

### Advanced Practice Registered Nurses \* Registered Nurses \* Licensed Practical Nurses \* Trained Medication Employees

Please note: Only fees affecting licensed and/or certified nursing personnel and nursing programs are listed below.  
A list of all fee increases for licensed health professionals can be viewed online at [www.hpla.doh.dc.gov](http://www.hpla.doh.dc.gov).

## CHAPTER 35 LICENSING FEES

CATEGORY	FEE
<b>ADVANCED PRACTICE REGISTERED NURSES:</b>	
License Fee (1 <sup>st</sup> time APRN with one authority) .....	\$375.00
<i>[Fee includes: Application fee \$85 + Licensure fee \$145 + Licensure specialty fee \$145]</i>	
Each Additional APRN authority .....	\$119.00
Paid Inactive Status .....	\$145.00
Renewal Fee .....	\$263.00
Late Renewal Fee .....	\$85.00
Document Duplication Fee .....	\$34.00
Verification of Records .....	\$34.00
Reinstatement Fee .....	\$348.00
<b>LICENSED PRACTICAL NURSES:</b>	
Licensed by examination .....	\$187.00
<i>[Fee includes: Application fee \$85 + Licensure fee \$102]</i>	
Licensure by endorsement .....	\$230.00
<i>[Fee includes: Application fee \$85 + Licensure fee \$145]</i>	
Re-Examination .....	\$85.00
Paid Inactive Status .....	\$145.00
Renewal Fee .....	\$145.00
Late Renewal Fee .....	\$85.00
Document Duplication Fee .....	\$34.00
Verification of Records .....	\$34.00
Reinstatement Fee .....	\$229.00
<b>REGISTERED NURSES:</b>	
Licensure by examination .....	\$187.00
<i>[Fee includes: Application fee \$85 + Licensure fee \$102]</i>	
Licensure by endorsement .....	\$230.00
<i>[Fee includes: Application fee \$85 + Licensure fee \$145]</i>	
Re-Examination .....	\$85.00
Paid Inactive Status .....	\$145.00
Renewal Fee .....	\$145.00
Late Renewal Fee .....	\$85.00
Document Duplication Fee .....	\$34.00
Verification of Records .....	\$34.00
Reinstatement Fee .....	\$229.00
<b>NURSING SCHOOLS:</b>	
Application Fee <i>[Persons applying to establish a new nursing program]</i> .....	\$10,000.00
Annual Renewal Fee .....	\$1,300.00
<b>TRAINED MEDICATION EMPLOYEE:</b>	
Initial Certification/Reciprocity .....	\$59.00
Recertification (Renewal) .....	\$59.00
<i>[Beginning 2009 renewal period]</i>	

This increase in fees was listed as proposed rulemaking in our previous issue of DC Nurse:REP, and no comments were received.



## Practical Nursing Programs

### Year to Date (07/15/2007) Licensure Exam Results and Approval Status

PROGRAM	CURRENT QUARTER 04/01/2007 - 06/30/2007		YEAR TO DATE 07/01/2006 - 06/30/2007		APPROVAL STATUS
	#Sitting	% Passing	# Sitting	% Passing	
Capital Health Institute					Initial
Comprehensive Health Academy	37	91.89	153	84.97	Initial
Harrison Center for Career Education	31	67.74	76	71.05	Closed
JC Inc.	35	40.00	153	62.09	Conditional
Radians College (formerly HMI)	31	54.84	144	72.22	Approved
University of the District of Columbia	41	65.85	135	77.04	Approved
VMT Academy of Practical Nursing	32	78.13	87	86.21	Approved
VMT Practical Nursing Program	04	50.00	34	82.35	Withdrawn

## Professional Nursing Schools

### Year to Date (07/15/2007) Licensure Exam Results and Approval Status

SCHOOL	CURRENT QUARTER 04/01/2007 - 06/30/2007		YEAR TO DATE 07/01/2006 - 06/30/2007		APPROVAL STATUS
	# Sitting	% Passing	# Sitting	% Passing	
Catholic University of America	09	88.89	49	89.80	Approved
Georgetown University	19	100.00	91	100.00	Approved
Howard University	06	83.33	83	71.08	Conditional
Radians College (formerly HMI)					Initial
Trinity University					Initial
University of the District of Columbia	07	85.71	35	82.86	Conditional

Source of NCLEX® Scores: NCSBN Jurisdiction Program Summary of All First Time Candidates Educated in District of Columbia

## Board Disciplinary Actions

NAME	LICENSE #	ACTION	REASON FOR ACTION
Toluwalope Adewoye	LPN1002795	Suspended	Failure to respond to notice of Intent to discipline
Marva Walker	RN47553	Probation for 6 months	Willful or careless disregard for the health, welfare, and safety of a patient. Failure to conform to standards of acceptable conduct and prevailing practice.
Eulaee Edwards	RN52795	Probation for 6 months	Willful or careless disregard for the health, welfare, and safety of a patient. Failure to conform to standards of acceptable conduct and prevailing practice.

Names and license numbers are published as a means of protecting the public safety, health, and welfare. Only Final Orders are published. Pending actions against licensees are not published. Consent orders can be accessed by going to Professional Licensee Search at [www.hpla.doh.dc.gov](http://www.hpla.doh.dc.gov).

# Kudos!

**Dear Colleagues,** I am delighted to announce the appointment of **Gaurdia E. Banister, RN, PhD**, as our first executive director for The Institute for Patient Care, which includes The Norman Knight Nursing Center for Clinical & Professional Development, The Yvonne L. Munn Center for Nursing Research, The Maxwell & Eleanor Blum Patient and Family Learning Center, The Center for Innovations in Care Delivery, and many additional dynamic PCS programs such as our Clinical Recognition Program, Collaborative Governance, Ethics, and the International Visitors Program. Dr. Banister will be responsible for advancing The Institute's new vision for interdisciplinary education and research, which is centered on a commitment to meeting patients'

needs and advancing the professions. She is expected to join our team on August 13th, 2007.

Dr. Banister comes to us from Providence Hospital in Washington, DC, part of the Ascension Health System, where she most recently served as senior vice president for Patient Care Services, overseeing nursing, pharmacy, respiratory, cardiac diagnostic, and the sleep lab. She has been awarded fellowships in the Robert Wood Johnson Nurse Executive Program and the Johnson and Johnson Wharton Program in Management for Nurse Executives, and she is the recipient of numerous grants from a variety of funding sources, including Health Resources and Services Administration (HRSA).

She earned both a Doctorate of

Philosophy degree in Psychiatric/Mental Health Nursing and a Master of Science degree in Nursing at The University of Texas at Austin, and received her Bachelor of Science in Nursing degree from the University of Wyoming in Laramie. She is a member of the African Scientific Institute, National Black Nurses' Association, American Organization of Nurse Executives, and American Nurses Association. Please join me in welcoming Dr. Banister to the Massachusetts General Hospital and Patient Care Services communities.

This is a very exciting time in the evolution of The Institute.

**Jeanette Ives Erickson, RN**,  
Massachusetts General Hospital  
Boston, MA, Senior Vice President for  
Patient Care Services, and CNO

## DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH BOARD OF NURSING PROFESSIONAL NURSING SCHOOLS

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Dean

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Washington, DC 20017  
www.cua.edu

Bette Keltner, PhD, RN, FAAN  
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**Georgetown University School of Nursing & Health Studies**  
3700 Reservoir Road N.W.  
Washington, DC 20007  
www.georgetown.edu

Mamie C. Montague, PhD, FNP-BC, CNE, FAAN  
Interim Chair, Graduate Program  
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India M. Medley, MSN, RN, CPNP  
Dean of School of Nursing  
**Radians College**  
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Washington, DC 20005  
www.hmi-usa.com

Connie M. Webster, DNSc, RNC  
Chairperson for Nursing  
**University of the District of Columbia School of Nursing**  
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Washington, DC 20008  
www.udc.edu

Sharon K. Mailey, PhD, RN  
Director and Professor  
**Trinity University Nursing Program**  
125 Michigan Avenue, NE  
Washington, DC 20017  
www.trinitydc.edu

## PRACTICAL NURSE PROGRAMS

Rachael Rizzo-Mitzi, RN, MSEd  
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**Pictured are Kathy Apple, executive director of NCSBN; Faith Fields, president of NCSBN's Board of Directors; Joey Ridenour, executive officer, Arizona; Donna Dorsey, past president, NCSBN Board of Directors; and Myra Broadway, Area IV director.**

**Donna Dorsey**, past president of NCSBN's Board of Directors, is being honored for serving as an executive officer for more than 26 years. Dorsey retired from her work in nursing regulation in May of 2007. In appreciation for her leadership, a quilt was made for her with a design that incorporates many photos taken of Dorsey and her colleagues through the years. Dorsey received the gift during NCSBN's Midyear Meeting, held in New Orleans from April 2-4, 2007.



**Rick García**, MS, RN, CCM, was inducted into the Miami Dade College Hall of Fame for the Profession of Nursing at a reception dinner in Miami on April 12, 2007. García has been serving as the executive director of the Florida Board of Nursing since April 2006. García credits Miami Dade College with providing him with the skills and knowledge necessary to build his nursing career, which has included work in the neonatal ICU specialty. "It was a rewarding experience and I was very fortunate to be selected," García said.

*Articles about Donna Dorsey and Rick García (and photos) reprinted from the Council CONNECTOR, with the permission of the National Council of State Boards of Nursing, Copyright 2007.*



**Erin Bagshaw** won the AANP (American Academy of Nurse Practitioners) state award for clinical excellence. Ms. Bagshaw, Board Certified Adult Nurse Practitioner, celebrates three years as owner of Northwest Nurse Practitioner Associates.



# Kudos!

## Sigma Theta Tau, Gamma Beta Chapter, 2007 100 EXTRAORDINARY NURSES HONOREES

Absolam, Ramonia	Geffrard, Elsie	O'Connell, Judy
Aburealh, Mohammed	Girmai, Azeib	O'Connor, Carlee
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Allotey, Doris	Hanas, Suzanne	Ogbuokiri, Mercy
Amini, Joceylyn	Harrell-Mozie, Linda	Parker, Mamie
Artis, Juanita	Hatanaka, Ikumi	Paterson, Mary
Bartley, Premila	Hawksworth, Lisa	Pearson, Camilla
Bastide, Allison	Howland, Margaret	Pester, Elizabeth
Batcha, Jacqueline	Ignacio, Deryck	Phipps, Teresa
Battle, Nikki	Ivey, Diane	Pimental, Christian
Battles, Carolyn	Jackson, Daisy	Poliquin, Cheryl
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Dallas, Cynthia	Miller, Linda	Thompson, Victoria
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Davis, Sharon	Moro, Mayuko	Udorji, Gina
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Dubar, Sheila	Noel, Jocelyn	Willette, Paula
Durand, Therese	Noland, Virginia	Williams, Sheila
Erskine, Maureen	Nord, Judith	
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